

**California Nutrition Network for Healthy, Active Families (Network)**  
**Local Food and Nutrition Education Applicant**  
**Budget Justification Instructions**  
**FFY 2007**  
**Attachment C**

**General Information**

The following guidelines should be followed to complete the Budget Justification for your *Network* applications. To assist your organization in determining qualifying expenses, refer to the Cancer Prevention and Nutrition Section (CPNS) website at [www.ca5aday.com](http://www.ca5aday.com) to view the **2007 United States Department of Agriculture's (USDA) Food Stamp Nutrition Education Plan Guidance**. Please note all *Network*-funded projects will be required to comply with any change to the USDA Guidance as they are updated annually.

**Terminology**

The USDA requires the following funding terminology. Please use this term on all application documents.

<b>Terminology</b>	<b>Definition</b>
Federal Match	<b>Enhanced/expanded</b> nutrition education activities that your organization will conduct during the contract term. This is also used for <i>Network</i> special projects such as the Local Food and Nutrition Education and Faith Outreach channel

**Budget Justification Format**

A Budget Justification must be submitted for each budget year that your organization participates in the Local Food and Nutrition Education channel program. The Local Food and Nutrition Education applicants are required to fill-out only the Federal Match Column for each budget line item.

The new budget justification form is available in either Excel or WORD, and can be downloaded from the CPNS website at [www.ca5aday.com](http://www.ca5aday.com).

**Requirements for Budget Justification**

- 1) Applicants must adhere to *Network* deadlines in order to meet the Local Food and Nutrition Education RFA requirements.
- 2) For the second and third year budget justification documents, include a brief narrative in bold face type on your budget justification document, any line item total that is either 10% higher or lower than the same line item in your previous year's budget.
- 3) Use the Budget Justification form provided via the RFA or downloaded from the CPNS website. You can choose either the Excel or WORD form and modify the rows to add additional information as needed.
- 4) Provide information on **Subcontractors**. The use of subcontractors must be clearly defined. The following information must be provided in the budget justification template:
  - Subcontractor name (if known); List as "TBD" if not known.
  - Total estimated expenses for subcontract
  - Brief description of services to be provided

- 5) Provide Annual Salary and Full Time Equivalent (FTE) on Budget Justification.
- 6) Travel costs must be prorated based on *Network* allowable activities and FTE of person traveling. (Does not apply to *Network* sponsored trainings/conferences).
- 7) Provide percentage of time for both management/administrative and direct delivery activities.

## Instructions for completing the new Budget Justification Form

### General Guidance

- List your organization's legal name at the top of each page
- For the second and third year budget justification documents, include a brief narrative in bold face type on your budget justification document, any line item total that is either 10% higher or lower than the same line item in your previous year's budget.
- Round off dollars and percentages to the nearest whole number
- If the space provided for the required information is not sufficient, insert additional rows (i.e.: additional personnel titles and information).
- Place a revision date in the footer of each page in order to easily identify the most current version.
- Use a calculator to check total calculations.
- When adding rows or columns to the Excel form please make sure and format the cells, rows and/or columns added.
- Enter Federal Match budget items for each of the Budget Justification lines.
- Budget items will be evaluated on what is reasonable and necessary to complete the described activities.

### Line Item Definitions/Information

Applicants should verify with their appropriate fiscal staff that the following *Network* line item definitions are compatible with their internal line item definitions. Accommodations may be made with the *Network* to place expenses in alternative line items if more appropriate.

- A. Personnel Salaries:** Describe and justify staffing information for each position budgeted. Contract employees or consultants should not be included in this line item. Include all of the following information:

1. **Name and Position Title** - Enter the employee name(s). If a position is not yet filled, indicate "vacant"; If there is multiple staff per classification, indicate "multiple staff" and the total number of staff in parenthesis ().

Enter the personnel title or classification for each employee from the Position Description List.

2. **Annual Salary** -

Enter the annual salary used for each employee. When converting a monthly, semi-monthly, weekly or hourly salary to annual salary please use the standard 52 week year at 2080 hours/year to make the calculation. Calculations should be based on actual salaries. If use of actual salaries is not feasible due to large numbers of staff, alternative methods of capturing rates must be pre-approved by

your contract manager. (e.g. average salaries for large numbers of teachers/staff)

**3. Total Full Time Equivalent (FTE) allocated to Network Contract**

Enter the FTE each employee will spend on allowable *Nutrition Network* activities (e.g., 20 hours of a 40-hour week equals .50 FTE). Please note: Enter this as a decimal not a percentage. Tips: you must use a standard 52 week year at 2080 hours to make this calculation even if you are a school district. For example, if the position is budgeted for 48 hours, the FTE would be calculated as  $48/2080=.0230$ . The FTE should be carried to four decimal places. Please note that employees that have a less than full time equivalent are required to keep a time study or time log provided by the *Network*.

**4. Percentage FTE Time for Administrative Duties allocated to Network Contract**

Estimate the percentage of time for each employee that is spent on administrative duties (The percent of time entered for Administrative duties + the percent of time entered for Direct Delivery should add up to the percentage of FTE for each position listed). Please enter as a percentage (i.e. 50% rather than a decimal - .50FTE)

**Administrative Duties** are expenses related to personnel positions that perform administrative duties (e.g., processing purchase orders, preparing invoices, collecting weekly time logs, and performing general clerical duties, such as answering phones, ordering supplies and preparing correspondence, etc.).

**5. Percentage FTE Time for Direct Delivery Duties allocated to Network Contract**

Estimate the percentage of time for each employee that is spent on direct delivery or programmatic duties (The percent of time entered for Administrative duties + the percent of time entered for Direct Delivery should add up to the percentage of FTE for each position listed). Please enter as a percentage (i.e. 50% rather than a decimal - .50FTE)

**Direct Delivery Duties** are expenses related to personnel positions directly engaged in service/program delivery (e.g., nutrition education in the classroom, food stamp promotion, food demonstrations, community outreach activities, physical activity promotion, nutritional aspects of gardening, etc).

**6. Federal Match Total Dollars**

Calculate for each employee the total amount of dollars allocated as Federal Match. Annual salary multiplied by % FTE = Total Dollars.

**7. Total Dollars - The sum of the Federal Match salary dollars.**

**Position Description:** Include a brief description of each employee's duties and responsibilities as they relate to nutrition education and physical activity

promotion to FSNE eligibles. There is a list of generic position descriptions approved by USDA on the website at [www.ca5aday.com](http://www.ca5aday.com). The Excel Budget Justification form has these positions listed on the form. Please remove any position descriptions that are not applicable to your organization. The WORD version of the Budget Justification does not have the generic position descriptions on the form. Please download the generic position descriptions and select those that apply to your contract. If none apply, add a short position description. The order of personnel listed in line item "A" should correspond directly with the list of position descriptions.

- B. Fringe Benefits:** Fringe Benefits may include expenses such as statutory benefits, a comprehensive benefits package, or other benefits (e.g., medical, dental, vision coverage, long-term disability, accidental death insurance, and a tax-sheltered annuity program). Benefits may be calculated using various rates depending on individual factors. Indicate the fringe benefit percentage used for calculation on the Federal Match budget columns and indicate the total fringe in the Total Dollars column.
- C. Operating Expenses:** Identify the major areas of operating expenses and provide a detailed cost breakout of these expenses. The detailed cost breakout should include the basis for the calculation. Example: Postage \$390 -1000 stamps at 39 cents each for nutrition newsletter to FSNE eligibles). If prorating, please indicate the percentage by which you are prorating the expense. Operating Expenses include expenses for routine items such as office supplies, communications (telephone, facsimile, e-mail), postage, overnight mail, routine printing and duplication, and space-rent/lease (include formula for calculating space costs) Indicate the total expenses in the Federal Match and Total Dollars columns. (Note: Non-routine and one-time types of expenses should be budgeted under the "Other Costs" line item.)
- D. Equipment Expenses:** Describe and itemize any equipment expenses. Equipment is defined as non-expendable property used to conduct eligible nutrition education activities, and includes items such as computers, televisions, VCRs/DVDs, cameras, typewriters, furniture, etc. If your equipment will not be used exclusively for allowable *Network* activities, then the expense must be prorated to include only the portion related to nutrition education. If prorating, please indicate the percentage by which you are prorating the expense. Indicate the equipment expenses in the Federal Match and Total Dollars columns. Equipment must be necessary to complete program activities.
- E. Travel and Per Diem Expenses:** For each trip, include personnel title of person(s) traveling, purpose of trip, and approximate cost. Indicate the travel and per diem expenses in the Federal Match and Total Dollars column.

The appropriate staff from your organization is required to participate in the following training opportunities offered by the *Network* (These trainings do not need to be prorated and should be paid for with Federal Match dollars):

- Annual *Network* Conference in Northern California;
- Regional Collaborative Trainings or meetings; and
- (3) Food and Nutrition Education Action Committee Meetings
- (3) *Network* Sponsored Skill Training – including trainings such as facilitation, program delivery, media training, and Harvest of the Month.

Prorate all non-*Network* sponsored travel and per diem by the percentage of FTE for all personnel traveling and again by the percentage of allowable nutrition education and physical activity promotion included in the agenda. All non-*Network* sponsored trainings must be prorated and are subject to further justification and approval by *Network* staff.

Travel and Per Diem expenses included on the Federal Match Budget may be no greater than the current State Department of Personnel Administration (DPA) rates as outlined at <http://www.dpa.ca.gov/jobinfo/statetravel.shtm>.

**F. Subcontracts:** The use of subcontractors must be clearly defined. The following information must be provided in the budget justification template:

- Subcontractor name (if known); List as "TBD" if not known.
- Total estimated expenses for subcontract
- Brief description of services to be provided

Your organization is required to submit a copy of all subcontractor agreements, including the Scope of Work (SOW) and proposed subcontractors' budget justification, to be paid with *Network* funds (Federal Match funds) that exceed \$5,000. Indicate the subcontract expenses in the Federal Match and Total Dollars columns. **Attach the subcontractors' budget justification and SOW as part of the application.**

**G. Other Costs:** This line item includes non-routine, occasional, or one-time expenses such as computer time, publications, training, nutrition education materials, food (for demonstration/taste testing purposes only), and consultant services. Identify the major areas of expense and provide a brief cost breakout of these expenses. Indicate the other costs expenses in the Federal Match and Total Dollars columns.

If consultant's services are budgeted, provide the following details:

- Consultant name;
- Brief description of services to be provided;
- Approximate number of consulting hours that will be contracted for and the hourly/daily rate; and
- Total costs.

**H. Indirect Costs:** Indirect Costs are defined as expenses not directly or exclusively associated with the project's deliverables such as overhead or allocated expenses. Examples of overhead or allocated expenses include: administrative personnel, bookkeeping, and payroll services, janitorial services, insurance, and audit expenses. Describe briefly the expenses associated with this line item. Calculations should be based on rates as indicated below for each budget. **Submit, with your application the documentation from your fiscal department to support how the indirect rate was determined and calculated.**

- Federal Match budget: Use your organization's federally negotiated indirect rate. If your organization does not have a federally negotiated rate, then **the indirect rate to be used for calculating this line item can not exceed 25% of total personnel expenses.** If your indirect costs are based on a modified amount, please identify what expenses are not included in your calculations to arrive at your total Indirect Costs amount.

- I. **Total Expenses:** Enter the sum of line items A through H to reflect total expenses in the Federal Match and **Total Dollars** column.